

Chief Procurement Officer

TO:

STATE PROCUREMENT OFFICE 11 AUG 11 P3:20

STATE PROCUREMENT OFFICE STATE OF HAWAII

	ROM: Department Of Transportation/ Harbors Division							
	Name of Requesting Department							
Pu	Pursuant to HRS § 103D-307 and Subchapter 10, HAR Chapter 3-122, the Department requests approval for the following:							
_	Date or period of Emergency: August 8, 2011	2. After-the-Fact: X Yes No						
3. Describe in detail the emergency situation that created a threat to life, public health, welfare or safety.								
Pier 27 light pole fell down (High winds). Need to remove pole and secure. Pole is in a area of traffic and pedestrian activity. Need to remove for								
	the health and safety of tenant's and harbors personnel. The damaged light							
	pole is leaning on a wood poles overhead power	cables. Need to remove ASAP.						
4.	Vendor/Contractor Name:	5. Amount of Request:						
	Siu's Electric Corporation.	\$ 1,256.54						
6. Describe in detail the emergency goods, services, or construction and explain why it is necessary.								
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	The active light pole needs to be removed and prescribed equipment to remove light pole.	•						
	The active light pole needs to be removed and p	•						
	The active light pole needs to be removed and p	•						
	The active light pole needs to be removed and p	•						
	The active light pole needs to be removed and p	out in a safe area. Contractor needs						
	The active light pole needs to be removed and p specialized equipment to remove light pole. State the reason(s) the vendor/contractor was selected. Explain what comp	out in a safe area. Contractor needs etition, as is practicable, was conducted.						
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8. Identify the primar	y individual(s) who	is knowledgeable about this reque	est, who will conduct and manage thi	s process, and has 1) appropriate
		and 2) completed mandatory train		
(Type over "example				
<u>`</u>				
Name of Depart		Division/Agency	Phone Number	e-mail address
Jon Mckee	CHTA	DOT/Harbors	832-3845	
Jon Mckee	0.1/P	DOI/Halbois	032-3047	
				10
All re	equirements/approv	vals and internal controls for th	is expenditure is the responsibility	of the department.
	-			
	I certify that		he best of my knowledge, true and	
			Sthre	8-8-11
	Departn	nent Head Signature		Date
		For Chief Procureme	nt Officer Use Only	
Chief Procurement	nt Officer (CPO) Cor	nments:		
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Approved	∐ Dis	approved	on Required	
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		<i>\mathcal{X}a</i>		8/17/2011
		Ch	ief Procurement Officer Signature	Date

Emergency Procurement No. 12.013K Page 2

- PROPOSAL -

SIU'S ELECTRIC CORPORATION

500 Alakawa Street #116A

HONOLULU, HAWAII 96817 Phone (808) 842-1944 / Fax (808) 842-1945					
Proposal Submitted to DOT HARBORS	Fox (808) 832-3843	Date 8/08/2011			
Street ATTN: John McKee	Job Name Remove existing damage light pole				
City, State & Zip code E-mail:	Job Location Pier 27				
Date of Rid Plans Addendums					
We hereby submit specifications and estimates for:					
ELECTRICAL WORK:	411611 W 1.4				
Hemove (1) existing damage light pole leaning on ex					
Check for any damage to existing overhead lines and	d take pictures.	566 1886 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866			
Set existing damage light pole on the ground as per	John McKee instruction.				
		\$1,200.00			
Notes:- Price base on regular working hours.		MI			
Light Fixtures & Lamps	1 ¹ / ₂ % per month of any unpaid es, should this bill be placed for c	NONE NONE NONE NONE NONE NONE NONE NONE			
We Propose horeby to furnish material and labor - complete in according to the Polyments to be made as follows:		s (\$ 1,200.00).			
All material is guaranteed to be as specified. All work to be completed in a workmostlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to early fire, tomado and other necessary insurance. Our workers are fully covered by Workman's Compensation insurance.	Authorized Signature Note: This proposal may be withdrown by us if not accopted within				
Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.	Signature				
Date of Acceptance:	Signature				

pCard Requisition Checklist

(to be attached to requisition)

Yes No X X	Is <i>MasterCard</i> accepted for use by vendor without incurring a service/transaction fee? Will the purchase be a single transaction without <i>backorders</i> or <i>partial payments</i> ?
Yes No X X X X X X X X X X X	Phone number of vendor. Fax number of vendor. Contact person (if applicable). Name & telephone number of requistioner. Recommended Approval of supervisor. Method for receipt of goods or services delivery address, pick-up/will call, et al Uniform Accounting Code.
Yes No X X X	Are the SPO purchasing procedures being followed? Is the requisition amount over \$25.00 and below \$2499.99? If the requisition amount is over \$1000, is a SPO Form 10 attached with the required 3 quotations?
Yes No	Are sufficient funds available for this purchase?
Vendor Nequisition An	ioner 7 Date 08/08/2011 Sign
P	DO NOT FILL IN BELOW THIS LINE
Requisition	on No (to be assigned)





STATE OF HAWAII DEPARTMENT OF TRANSPORTATION PURCHASE REQUISITION

DELIVER TO: HAR-OM (Pier 27 Damaged Light pole) SUGGESTED VEN	
48 Sand Island Acc. Rd. Honolulu, HI. 96819 Siu's Electric Corp 500 Alakawa Street Honolulu, HI. 96817	#116A
Special Instructions: Accept P-card Daniel 842-1944	
Fax 842-1945	
QUANTITY UNIT DESCRIPTION ESTIMATED Unit Price Total	I OINDINADE
Contractor to remove damaged light pole (High Winds) that is leaning on a wood poles overhead power cables. Remove and secure. \$1,2	200.00
Tax 4.712%	56.54
Total \$1,2	256.54
*Emergency Procurement	
Health & Safety for the users	
TRANSACTION DATE	
VENDOR 922 3945	
NUMBER SFX X X X X X X X X X X X X X X X X X X X	OVED
SFX TC F YR APP D OBJECT CC PROJ NO. PH ACT AMOUNT M R OPT DEPT DATA	